



Commonwealth of Virginia
Department of Criminal Justice Services (EFFECTIVE MARCH 30, 2019)
ON-THE-JOB TRAINING FORM — Requirements and Instructions

Initial the appropriate box

| | On-the-Job Training Officer | Agency Administrator |
|---|---|---|
| 1 a. The on-the-job training has been completed within 24 months of the date of hire or appointment. Individuals who have been granted an extension should initial YES. If YES is the correct response proceed to question 2. (Professionals who fail to complete field training within 24 months of hire or appointment are not certified officers.) 1 b. If the answer to question 1a is NO sign here and return the form to the Department at the address below: _____ <div style="text-align: right;">(on-the-job training officer signature)</div> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. The demographic information on page 2 of this form is accurate, complete, and is typed or printed in legible handwriting. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. The on-the-job training officer has provided an original signature on page 1, and for each line documenting completion of each performance outcome on pages 2 and 3. (The Department (DCJS) does not accept digital or stamped signatures or one signature for multiple lines.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Every performance outcome has been documented as completed on pages 2 and 3. (The Department does not accept On-the-Job Training forms documenting "Not Applicable or "N/A".) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. The agency administrator has provided an original signature on pages 1 and 3. (The Department does not accept digital or stamped signatures.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. The completed on-the-job training form pages 1-3 will be mailed or emailed to the Department within 60 days of the professional completing on-the-job training. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I have read and reviewed the requirements above and attest this document is accurate and complete. Incomplete forms will be returned to the agency. The agency shall be responsible for resubmitting an accurate and complete form.

Field Training Officer _____ Date _____

Signature

Agency Administrator _____ Date _____

Signature

Completed Field Training forms shall be scanned and emailed to etrain@dcjs.virginia.gov
 or mailed to the following address:

Virginia Department of Criminal Justice Services
 Attn: Law Enforcement Division On-The-Job Training Form
 1100 Bank Street, Richmond, VA 23219



Commonwealth of Virginia
Department of Criminal Justice Services (EFFECTIVE MARCH 30, 2019)
ON-THE-JOB TRAINING FOR DISPATCHERS

Dispatcher's Name: _____ Social Security #: _____

Agency: _____

Academy Attended: _____

Academy Completion Date: _____ Filed Training Completion Date: _____

| Performance Outcome | Date of Completion | Printed Name of Field Training Officer | Signature of Field Training Officer |
|---|--------------------|--|-------------------------------------|
| EQUIPMENT USE 5.1 - 5.100 | | | |
| 5.1 | / / | | |
| 5.2 | / / | | |
| 5.3 | / / | | |
| 5.4 | / / | | |
| 5.5 | / / | | |
| 5.6 | / / | | |
| (Reserve 5.7 - 5.100) | | | |
| CALL TAKING AND DISPATCHING DUTIES 5.101 - 5.200 | | | |
| 5.101 | / / | | |
| 5.102 | / / | | |
| 5.103 | / / | | |
| 5.104 | / / | | |
| 5.105 | / / | | |
| 5.106 | / / | | |
| 5.107 | / / | | |
| 5.108 | / / | | |
| 5.109 | / / | | |
| 5.110 | / / | | |
| 5.111 | / / | | |
| 5.112 | / / | | |
| 5.113 | / / | | |
| 5.114 | / / | | |
| 5.115 | / / | | |
| 5.116 | / / | | |
| 5.117 | / / | | |
| (Reserve 5.118 - 5.200) | | | |

| Performance Outcome | Date of Completion | Printed Name of Field Training Officer | Signature of Field Training Officer |
|--------------------------------|--------------------|--|-------------------------------------|
| VCIN/NCIC 5.201 – 5.300 | | | |
| 5.201 | / / | | |
| 5.202 | / / | | |
| 5.203 | / / | | |
| (Reserve 5.204 – 5.300) | | | |
| GENERAL 5.301-5.400 | | | |
| 5.301 | / / | | |
| 5.302 | / / | | |
| 5.303 | / / | | |
| 5.304 | / / | | |
| 5.305 | / / | | |
| 5.306 | / / | | |
| 5.307 | / / | | |
| 5.308 | / / | | |
| 5.309 | / / | | |
| 5.310 | / / | | |
| 5.311 | / / | | |
| 5.312 | / / | | |
| Reserve 5.313-5.400 | | | |

I certify that the above referenced dispatcher has demonstrated competency in all the Dispatcher performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-60-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Agency Administrator

Signature

Date:
